

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	FOUP Door Transfer System
Attorney Docket Number::	RCIF 1002-2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	5
Small Entity?::	No

Applicant Information

Applicant Authority Type::	Inventor
Citizenship Country::	France
Status::	Full Capacity
Given Name::	Christophe
Middle Name::	
Family Name::	Lero
Name Suffix::	
City of Residence::	Leguevin
State or Province of Residence::	
Country of Residence::	France
Street of mailing address::	
City of mailing address::	Leguevin
State or Province of mailing address::	
Country of mailing address::	France
Postal or Zip Code of mailing address::	

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Pierre
Middle Name::
Family Name:: Astegno
Name Suffix::
City of Residence:: Saint Jory
State or Province of Residence::
Country of Residence:: France
Street of mailing address::

City of mailing address:: Saint Jory
State or Province of mailing address::
Country of mailing address:: France
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Alain
Middle Name::
Family Name:: Gaudon
Name Suffix::
City of Residence:: Launac
State or Province of Residence::
Country of Residence:: France
Street of mailing address::

City of mailing address:: Launac

State or Province of mailing address::

Country of mailing address:: France

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22470

Representative Information

Representative Customer Number::	22470	
----------------------------------	-------	--

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60433516	12/13/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assigne Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::